



**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

Jerome Washington, Plaintiff

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

John Doe 1; John Doe 2;  
John Doe 3; John Doe 4;  
John Doe 5 (all in their individual  
and official capacities)

**14 5540**

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Jerome Washington  
ID # HV0282  
Current Institution SCI - Gaaterford  
Address P.O. Box 246 Route 29/Gaaterford,  
Pennsylvania 19426

- ① I Have exhausted all available state Remedier.
- ② On March 17, 2013 Excessive force was used against me and the 1<sup>st</sup>, 5<sup>th</sup>, and 3<sup>rd</sup> and 14<sup>th</sup> Amendment to the Constitution was violated. I was assaulted, by prison Officials John Doe 1 thru 5, the Defendants. I was maced, put in the shower, and assaulted on L-Block on C-wing. My eyes were swollen shut, face swollen, there are pictures of this. I was placed in a disciplinary chair, for 5 Hours without medical attention.
- ③ On March 23, 2013 I Had emergency surgery from an outside provider because I Had BEEN Hemorrhaging and Heavy Internal Bleeding. I want 1,000,000 Dollars in damages.
- ④ The prison's "CERT Team" should Have filled out an incident report and these are the Defendants I am suing.
- ⑤ At outside Hospital I found out I Have a spinal cord injury, eye Damage, not to mention, I was almost drowned and Hit in the penis and testicles on March 17, 2013 and Slammed face first into a Desk.
- ⑥ My Vision is Bleary, Extreme Back pain, Sharp pain in my eyes, when I try to Read. My Back or spinal cord is Crooked and I can't sit up straight any more.
- ⑦ I filed a grievance about this incident at the prison and never received a Response, its BEEN over a year.
- ⑧ I am Requesting informed pauperit statis, I Have no money to pay for lawsuit.
- ⑨ This Complaint is made pursuant to the penaltier of perjury. Date: 9/16/14

Sincerely Jerome Washington  
Jerome Washington  
HVO282 P.O. Box 244  
Gra, PA 19426

INMATE TRUST FUND CERTIFICATION

**RECEIVED**

**SEP 22 2014**

Instructions:

Request that an appropriate prison official provide: 1) the information below concerning your inmate trust fund account balances; and 2) a certified copy of your inmate trust fund account statement showing all deposits and withdrawals for the prior six-month period.

I certify that the petitioner: Jerome Washington HV0282 has the sum Of \$ -109.72 on account to his credit at the State Correctional Institution-Graterford, where he is confined.

I further certify that the petitioner likewise has the following securities to his credit according to the records of said. N/A

Institutions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sharon A. Reed, Inmate Acc't Assist.  
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

9/19/14  
DATE



## Integrated Offender Case Management System

9/19/2014 9:51:46 AM

## Offender Transaction History

shbean

From Date: 3/1/2014  
12:00:00 AM

To Date: 9/19/2014 12:00:00  
AM

Sort By: Transaction Date - ASC

Batch#	Txn Date	Txn Description	Txn Amount	Balance After Details	
			(\$)	Transaction(\$)	
Offender ID: 8582AA Case ID: HV0282 Offender Name: WASHINGTON, JEROME Location: J-D-1001-01					
Escrow Balance: 0.00 Current Balance: -109.72 Institution: Graterford					
GRA-023411	04/24/2014	41 - Medical Co-Pay	-5.00	-64.72	Co-pay for 04/10/14
GRA-023411	04/24/2014	41 - Medical Co-Pay	-10.00	-74.72	Co-pay for 04/14/14
GRA-023503	05/01/2014	41 - Medical Co-Pay	-5.00	-79.72	Co-pay for 04/26/14
GRA-023503	05/01/2014	41 - Medical Co-Pay	-5.00	-84.72	Co-pay for 04/27/14
GRA-023615	05/12/2014	41 - Medical Co-Pay	-5.00	-89.72	Co-pay for 05/06/14
GRA-023715	05/19/2014	41 - Medical Co-Pay	-5.00	-94.72	Co-pay for 05/11/14
GRA-023909	06/03/2014	41 - Medical Co-Pay	-5.00	-99.72	Co-pay for 05/24/14
GRA-023909	06/03/2014	41 - Medical Co-Pay	-5.00	-104.72	Co-pay for 05/25/14
GRA-024919	08/27/2014	41 - Medical Co-Pay	-5.00	-109.72	Co-pay 08/09/14

*Graterford*  
*Shawn Bean*  
 Primate acct assist